A STUDY OF REPORTED RAPE CASES IN LUSAKA URBAN DISTRICT.

DR DICKSON SUYA MWIMANENWA  ChB MB

THEESIS
M PH
M W I
1999
C 2

A DISSERTATION SUBMITTED TO THE UNIVERSITY OF ZAMBIA IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE MASTERS DEGREE IN PUBLIC HEALTH

(SCHOOL OF MEDICINE)
UNIVERSITY OF ZAMBIA

LUSAKA 1998
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of page</td>
<td>i</td>
</tr>
<tr>
<td>Table of contents</td>
<td>ii</td>
</tr>
<tr>
<td>Appendices</td>
<td>iii</td>
</tr>
<tr>
<td>Declaration</td>
<td>iv</td>
</tr>
<tr>
<td>Statement</td>
<td>v</td>
</tr>
<tr>
<td>Approval</td>
<td>vi</td>
</tr>
<tr>
<td>Abstract</td>
<td>vii</td>
</tr>
<tr>
<td>Acknowledgement</td>
<td>viii</td>
</tr>
<tr>
<td>Definition of terms</td>
<td>x</td>
</tr>
</tbody>
</table>

## INTRODUCTION

1.0 Background ................................................. 1
1.2 General objectives ................................. 7
1.3 Specific objectives ............................ 8
1.4 Statement of problem ....................... 8
1.5 Justification ................................. 9
1.6 Limitation ............................................... 10

## CHAPTER 2

Literature review ............................................. 12
Conceptual framework ........................................ 23

## CHAPTER 3

3.0 Methodology .............................................. 26
3.1 Results ................................................ 28

## CHAPTER 4

4.0 Discussion ............................................... 35

## CHAPTER 5

5.0 Recommendation ................................. 39
5.1 Conclusion .............................................. 40
APPENDICES

Page

Appendix 3 Work plan .......................................................... 45
Appendix 7 Budget ................................................................. 46
Appendix 9 Victim Information Sheet .................................... 47
Appendix 4 Interview Schedule .............................................. 48-50
Appendix 2 Map of Lusaka ..................................................... 51
Appendix 5 Authority from Police Service ............................. 52
Appendix 6 Authority from the Minister of Health to Obtain information on Rape ....................................................... 53
DECLARATION

I declare that the work presented in the dissertation for the Masters Degree in Public Health is my own work and has not been previously submitted for a degree at this or another university.

Dr D.S. Mwimanenwa
Candidate
FOR SUPERVISORS ONLY:

We the undersigned have read this dissertation and have approved it for examination.

1. Dr KS Baboo
   Signature: [Signature]
   Date: 6/8/99

2. Dr L Chiwele
   Signature: [Signature]
   Date: 6/5/99
APPROVAL

This dissertation of Dickson Suya Mwimanenwa is approved as partial fulfillment of the requirements for the award of the Masters Degree in Public Health by the University of Zambia.

Date 16/7/2020

Examiner

Date

Examiner

Date
ABSTRACT

Cross-sectional, longitudinal study was conducted to verify the existence and extent of rape in Lusaka. Dockets from Lusaka Central Police registered rape cases. All dockets were critically looked at for evidence of rape, genital injuries, social status and other demographic indicators. All dockets which did not contain the required information were not considered. A coded information data sheet was prepared and information from dockets and interviews were entered into the spreadsheet. Medical records at the University Teaching Hospital (UTH) from January 1997 to December 1997 were checked for information on rape.

The study was planned towards the end of 1997, it started January 1998 and saw its completion in July 1998. In all a total of seven months was required to collect, analyse and complete the write up.

Data collected from police dockets and medical records at the UTH.

359 victims (300 from UTH and 59 from Police Dockets).

57% of rape cases are committed to women aged between 14 and 20 years with the mean age of 19.2. 42% of the victims were
single at the time of attack. \( P_v = 0.000027 \), \( X^2 = 23.87 \). 45% of the rapists were aged between 20 and 30 years. Victims without previous coital experience had more genital injuries, 49% of them children below 13 years of age and 25% of them between 14 and 20 years of age.

Most of the rape occurs at night and the victims are usually single at the time of the attack. The rapists are usually young men between the ages of 20 and 30 and victims 14 and 20 years of age. A large difference in number between files accessed at the hospital and police indicate either poor management of records by police as victims withdraw most of the cases from the police. Though unsettling the statistics for rape, they do not reveal the full impact on the victims daily lives. Besides the enormous emotional implications of grief, fear, anxiety and pain. The victims are likely to carry the scars for a long time. The hurt and damage is not easily undone.
ACKNOWLEDGEMENTS

I am indebted to Dr K.S. Baboo for his patience, kindness and valuable suggestions regarding the analysis and write up of the study. My heart felt gratitude to Mr. Mwale Aaron for his encouragement and to Dr B. Nsemukila for his support for me during the initial stages of my work. I would also wish to express my gratitude to Dr L. Chiwele, and Dr C. Michelo for their support during the period of undertaking the study. I would like to thank Abby Makukula for his assistance.

I would like to acknowledge with thanks the Inspector General of Police for granting me access to Police dockets at Lusaka Central Police. Many thanks to the helpful staff at the Records department.

I would like to thank the Ministry of Health for granting me permission to undertake studies at the University of Zambia. This permission enabled me to study for the Masters Degree in Public Health.

Lastly, I would like to thank my wife Alphida and children for their encouragement and support.
DEFINITION OF TERMS

U.T.H. - University Teaching Hospital
Y.W.C.A. - Young Women Christian Association
VSG - Victim Support Group
AIDS - Acquired Immuno Deficiency Syndrome
HIV - Human Immuno Deficiency Virus
STD - Sexually Transmitted Diseases

Attempted rape:
Substantial steps must be taken by the rapist toward completion of an act of rape but for some reason was unable. According to this text sexual assault and rape are used to mean the same thing.

Statutory Rape:
Sexual contact between a person 18 years of age with another person less than 14 years of age who is not his spouse. This definition specifies age not force.

Incest: Sex with a blood relative

Indecent Assault:
Assault: Touching of the genitals of another, except spouse, under circumstances in which assailant know such conduct is likely to cause alarm.

Child sexual abuse: Forcing of sexual contact into a child by another person.
Stranger: One with whom no previous contact existed, and no acquaintanceship established before the offence.
CHAPTER ONE

INTRODUCTION

1.0 BACKGROUND

1.1 History: The British South Africa company administered various parts of what was to become Northern Rhodesia in the late nineteenth century. The British colonial office assumed the responsibility for administering the then Northern Rhodesia and now Zambia in 1924.

In October 1964, Zambia gained her political independence. From the time of independence, Zambia had a multi-party political system up to 1972. Zambia then became a one-party state until 1991 when she adopted the multi-party system again.

1.2 Geography: Zambia lies in southern Africa. It is a landlocked country sharing boundaries with eight countries: Democratic Republic of Congo and Tanzania in the north, Malawi and Mozambique in the east, Zimbabwe and Botswana in the south, Namibia in the south west and Angola in the west.
Zambia covers an area of 756,212 square kilometers. The country has nine administrative provinces namely Central, Copperbelt, Eastern, Luapula, Lusaka, Northern, North-Western, Southern and Western, there are 72 administrative districts altogether.

1.3 Economy:

Zambia has a mixed economy consisting of a modern and urban oriented sector confined to the line of rail and a rural agricultural sector. Copper mining is the country's main economic activity, accounting for 95 percent of export earnings and contributing 75 percent of government revenue during three decades following attainment of political independence.

A recent World Bank poverty assessment found that 68 percent of Zambians are living below the poverty line with 46 percent in urban areas and 88 percent in rural areas. (World Bank 1994).

Poverty is real threat to personal and physical security. Many people relate this to alcohol
abuse, late closing hours of bars and lack of faith in the police force.

1.5 Agriculture

Agriculture contributes 15 percent of Zambia's Gross Domestic Product and employs 75 percent of the labour force. Agriculture in Zambia is underdeveloped and lacks political support from the government.

1.5 People:

Zambia has 72 tribes, while the tribes share many similar traditions, there is also a considerable diversity of beliefs and practices. There are seven main languages namely Tonga, Bemba, Nyanja, Lozi, Luvale, Lunda and Kaonde in addition to English which is the official language.

According to the 1990 census the population of Zambia was 7,759,167 persons. The annual population growth rate was 3.1 percent since 1980, when the census enumerated 5,661,801 persons.
In rural Zambia the extended family system supports a wide family system whereas in the urban areas the family is predominantly nuclear.

1.6 Lusaka Urban District

Lusaka, the administrative centre of Zambia, started as a railway depot at the beginning of the century, after forty years as the capital city, Lusaka had a population of around 300,000 (Archives of Zambia 1965).

Lusaka Urban District is located in Lusaka Province at latitudes of 15 degrees south of the equator. The city boundaries have rapidly grown from 70 square kilometers to 360 square kilometres. Zanimuone Hotel is the northern border with central province. In the south, Chilanga forms the border while the west is Garden House Hotel and in the east is the International Airport turn off. Currently the city of Lusaka has expanded in all directions because of nearly 76% migration to the city and unauthorised settlements. The demographers need to remap the actual demarcation of boundary lines. This is likely to happen in the next census.
## District Health Indicators

### Fertility Rate

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fertility Rate</td>
<td>6.5</td>
</tr>
<tr>
<td>Crude birth rate</td>
<td>9.2 per 1,000</td>
</tr>
<tr>
<td>Crude death rate</td>
<td>13.7</td>
</tr>
<tr>
<td>Infant mortality rate</td>
<td>107 per 1,000</td>
</tr>
<tr>
<td>Average household size</td>
<td>6.8</td>
</tr>
</tbody>
</table>

(Demographic Health Survey, 1992)

### Health Facilities in Lusaka

The providers of health services are Government, private sector and traditional healers. The Government owns the following hospitals:

- University Teaching Hospital: 1835 beds
- Chainama Hospital: 500 beds
- Maina Soko Hospital: 66 beds

### Reasons for choosing Lusaka for the study

The choice of Lusaka for carrying out the research on rape is rationalised on the grounds that its population represents a mix of Zambian ethnic groups, thereby ensuring representation of the study results. This would
not be the case if the study were confined to one province where the majority of the people belong to one ethnic group. Because of uncontrollable migrations since 1992, nearly 50% of the people living in the city of Lusaka are not the actual reflection of its population. Majority of the people are prospectors coming from low social economic backgrounds looking for greener pastures. Only a very small percentage of these succeed in their ambitions but the rest of these are found living in periurban areas with any kind of residential status. Major problems of health and crime come from these areas, indiscriminate sexual acts, its atrocities and misconduct towards women which have forensic or legal implications come from these areas mainly. These are some of the reasons why the city of Lusaka was chosen for this study.

Rape: A Form of Violence Against Women

Violence against women is an extremely complex phenomena deeply rooted in Gender based relations, sexuality, self-identity and social institutions. In Zambia violence against women is a fact across the nation. It has emerged as a national menace and one of the most intrusive crimes perpetuated against society most
vulnerable group. (Assistant Commissioner of Police Mr F. Musonda 1996).
Rape is the commonest sexual violent crime that is reported despite the fact that most of the cases go unreported. The effect of rape on the victim may be very detrimental especially in this HIV pandemic. This fast growing rape crime rate has attracted a lot of campaigns from Non governmental organisations like the YWCA and the Women’s Lobby Group.
An additional factor that needs to be considered when addressing the situation of rape in Lusaka today is that of youth sexuality. Traditional ethnic systems allowed for counseling of young people with regard to physical maturity, intercourse between males and females and the physical and other outcomes of the same. With inter ethnic marriages, migration to urban areas, demands of formal education and isolation arising from economic stress, traditional counseling of the young may not be as easy as it was in the past.

1.2 GENERAL OBJECTIVES
1. To look at the frequency of rape in the City of Lusaka and its distribution.
2. To collect information on circumstances in which rape occurs.
1.3 SPECIFIC OBJECTIVES

1. To identify which age group is most at risk.
2. To determine types of assailants.
3. To determine which times of the day most crimes are committed.
4. To describe the relationship between risk of sustaining genital injuries and previous coital experience.
5. To suggest recommendations to formulate a policy towards prevention of rape.

1.4 STATEMENT OF PROBLEM

Studies carried out in America and Africa reveal that for every case of reported rape, 3 to 10 go unreported. This means that if in Lusaka Urban about 100 cases are reported annually, that means about 300 to 1000 cases of rape might have actually occurred and not reported.

The rapist or the victim may get infected with sexually transmitted diseases like gonorrhea and syphilis but worse still HIV. Most of the victims are adolescents who will in future have their own families and will in future spread the infection to their offsprings and spouses. Being economically dependant on their parents, they may be unable to quickly seek legal or medical assistance.
Alcohol and drug abuse contributes to an increase in crime the world over, there is need for further research to find out its effect on the prevalence of rape in Lusaka District. Police dockets and medical records examined by the researcher had information on alcohol and drug abuse missing.

This study will give more information on who is raped, where and when. It will also act as a source of information on rape in Lusaka and Zambia.

1.5 JUSTIFICATION

Information on rape in Zambia and Lusaka in particular is very scarce. Zambia is currently undergoing legal reforms and this study in combination with others would encourage community participation in tackling the problem of rape.

As rape becomes recognised as a public health problem it is necessary to understand its implications in terms of trauma, social status and psychological severity. There is sufficient evidence to suggest that the effect of rape on victims is long lasting. Sometimes normal sexual act is influenced by fear. The person then does not behave normally leading to disharmony. This may then lead to broken homes. There is need to make an analysis of factors leading to rape. People in societies and communities indulge in such act due to
dissatisfaction, influence of alcohol and drug abuse. When indiscriminate behaviour become a habit it results in serious social problems. One cannot say for certain that such acts like rape can completely be removed but it can certainly be prevented from becoming a public health problem. On some occasions innocent people acquire health problems like HIV and STD which was not their desire or fault. It therefore becomes very important to see what can be done to save the people specifically women from the dangerous implications of rape. Information obtained from this study will contribute towards educating people on self protection rehabilitation and policy formulation. It is not easy to carry out a study of this nature, but an honest effort will definitely prove its justification.

1.6 LIMITATION

1. Literature on rape in Zambia is very scarce.

2. Due to the private nature of the crime, it was going to be rather difficult to get reliable information form the victim who may be trying to overcome the mental trauma.

3. Not all cases of rape are reported because it is a sensitive issue with many social implications.
4. Epidemiological pattern of rape is very difficult to study because records are not well preserved and maintained.
CHAPTER TWO
LITERATURE REVIEW

Rape, can be described as a sex driven crime against another person of the same or opposite sex whose magnitude is unknown due to the private and personal circumstances that often surround this crime. South Africa has one of the highest incidences of rape in the world. Police statistics for 1993 show that 28,318 cases of rape were reported in that year. It is estimated that only 2.8 percent of rape are reported and that black women reported 95 percent of rape cases. (Women Health Book, M. Goosen et al 1996). The reason for this type of abnormal situation is likely to be due to the apartheid system and the migrant labour system, which had single sex hostels for black laborers.

In India rape is defined as unlawful sexual contact by a man even his own wife if she is under the age of fifteen years of age or any other woman under the age of sixteen with or without her consent. Carnal knowledge with any other woman including a prostitute without her consent is considered rape.

American courts recognize the following three elements as comprising an act of rape.
i) Use of threat, duress, physical force or deception.

ii) Sexual relation, however slight

iii) Non consent of the victim

It is difficult, if not impossible to arrive at a universal definition of rape. Almost every field that has to deal with this phenomenon has had to devise its own definition. As Randall and Rose (1986) say there are legal social, clinical, moral as well as religious definitions of rape. However, the basic legal elements as formulated by Randall and Rose (1986) (i.e. a to c) and by others provide a brief summary of the legal position found in British Commonwealth statutes.

a) The law assumes the victim to be a female and the offender to be male.

b) That the victim and the offender not be married or cohabiting at the time of the alleged crime.

c) That the offence should involve sexual intercourse perpetrated on a female by the male offender without her consent.

Thus, according to the English and Empire laws, a rape is said to have been committed if:

a) A man has had a connection with a woman forcibly "and where she neither consented before nor after" the act.

(English and Empire Digest: 1009).
b) A man has had carnal knowledge of a girl of embicile or idiot mind and that the jury is satisfied that the act was accomplished by force, and without her consent, she being incapable of giving consent from defect of understanding.

A husband too may be found guilty of raping his wife after their legal separation and after the justices had issued a separation order which included a non-cohabiting clause to the effect that the wife is no longer bound to cohabit with her husband. Should the husband insist on his marital rights to cohabit with his wife without her consent, he could be found guilty of a rape charge (English and Empire Digest:1010).

1.8 Theories of rape:

1. Rape is not a type of crime that is predominantly committed by persons of a particular class or occupational group; rather, rapists are found in similar proportions at all social and occupational levels of society (Russell 1982).

2. The deviation is found exclusively in the males about half of whom are married and living with their spouses at the time the felony was committed (Encyclopedia
Britannica, Vol 16). A significant proportion of the remainder have cohabiting partners. So any inference that the rapist is a sexually deprived person, or an Unattached male or a social recluse cannot be entertained.

3. Rapists tend to repeat the offence and so far no amount of psychiatric treatment has been helpful in reducing either the number of incidence of rape or discouraged the offender from repeating the offence.

4. Unlike other crimes, rape does not have a career structure involving dramatic change in life style. The felony does not have sub-cultural connections with peers, peer leadership, peer pressure, a continuing commitment to the activity with specific ideology to sustain it (Smart 1976:106).

Explanation of some of these odd facts have led to a lot of theorising after all, there may be grounds for treating cases of non forcible, non devotional rape as a separate category from devotional rape in which much violence is encountered.
Thus, when Groth (1979:13) argues that rape is a pseudo sexual act motivated not by sex but by anger, frustration and the need to subordinate others, he was probably referring to the devotional type of rape described above. As a proposition, it fails to embrace other types of rape. A similar view was advanced by Russell (1982) who argues that rapists use rape as a means of humiliating their victims and expressing revenge power and anger.

For the sake of this study the researcher adopted the Zambian definition of rape. Penal code chapter 146, section 132-134 states that rape is carnal knowledge of a woman or girl without her consent, or with her consent if the consent is obtained by

i. Force threat

ii. Fear of bodily harm

iii. False representation as to the nature of act.

iv. Impersonating the spouse of the victim.

Anyone found guilty of the felony of rape is liable to imprisonment for life. Any person who has unlawful carnal connection with any girl under the age of 16 would be guilty of felony and would be liable to imprisonment for life.
Types of rape:
There are different types of rape, and according to (Koss and Harvey 1991) they indicate that there can be individual rape, involves a single offender, a pair rape involves two offenders who act together to rape the same victim and a multiple rape involves three or more offenders.

Rapes also differ in the interpersonal context in which they occur. Stranger rape involves a victim and offender who have no relationship before the assault and do not even recognise each other. Acquaintance rape involves parties who know each other, including coworkers, fellow students, relatives, neighbors or family friends. Marital rape involves a victim and an offender who are spouses.

Rape may differ in their spontaneity. A planned rape means that the offender arranged the site of the assault, deliberately selected the victim and unplanned rape is normally impulsive with no real planning. Rape can also be reported or unreported depending on the views of the victim mainly.

A study by Mahdi (1992) on Statistical trends of rape on the copperbelt confirmed that fifty-five percent of
cases reported to Police are not taken to court. The report further says that there has been a drop of reported rape cases in the same study period of 1970-1989. The researcher concludes by questioning the extent to which the available data showing a real decline in rape cases.

The situation in Lusaka District according to information at the Police Records Department, show that rape has not increased significantly compared to other violent crimes from 1980 to 1990. The records further revealed that about half of the reported rape cases are withdrawn before reaching court or in court for various reasons. One of which could be embarrassment on the part of the victim to relieve the tragedy. This study explored ways that perpetuate rape in Lusaka District as it is a known fact that any woman regardless of age, appearance, social standing can be a victim of rape. As rape becomes recognized as a public health problem it is necessary for the public and medical practitioners to be aware of the physical and emotional troubles that these victims undergo.

The research conducted is the first of its kind in Zambia. Reference is however made to researches of a similar kind in Swaziland, South Africa and Zimbabwe.
The researches in African countries provided a strong guideline to this exercise.

(Koss, Harvey 1991). Dunn S.F. and Gilchist V in the "Sexual assault" say that estimates are that one in every four women will be sexually assaulted at some time during her life. For the victim, it is a life changing, traumatic event. The author further suggest that physicians must provide emphatic, non judgmental care that puts the victim back in control of her life. It is essential that the physician provide continued support for the victim and her family through the recovery process. The medical presentation should prompt the physician to inquire about undisclosed sexual assault and the social and cultural myths that promote it.

A study by the Law Department of Swaziland on rape revealed that it is not true that a "good" woman should never submit. A woman who does not submit runs extremely high risk of injury or death.

Any woman regardless of her age, physical appearance or social standing can be a victim of rape and that over 60 percent of rape cases, the victim and the rapists are friends, relatives or acquaintances.
Goosen M etal in South African Women's health book say that an estimated 966,000 women are raped every year, rape was not included in the apartheid South African Police service definition of a "serious crime". This figure could have been higher if unreported cases are also considered.

It is unfortunate but there are many reasons why rape victims cannot or will not reveal victimisations by rape. Even in contemporary society, a rape victim often fears that she will not be believed or that she will be viewed as a precipitant or even as a participant in the crime (Bwit and Katz, 1985). Additional hesitancy over public reaction can be traced to acceptance of traditional views of raped women as "damaged goods" that have lost their value (Taylor, Wood, Lichtman, 1983) thus, when a woman acknowledges her status as a victim, some degree of devaluation and stigmatization is inevitable. As a result of these influences, there is considerable motivation to avoid identification with the role of "rape victim". The desire to withhold information about victimisation can be quite high. In one reverse records check, only 54 percent of acquaintance rape victims known to police would admit to an interviewer that she had been raped. (Civets, 1976).
Men who assault women come in all sizes, builds and color. (Bart 1988) and as earlier discussed in the Swaziland study that rapists choose their victims without regard to physical appearances and age range from 2 months to 80 years. According to Fotel et al (1983) they say that in literature the youngest was 5 months and the oldest 91 years. In short any age group is at risk. In a synthesis of research findings, Katz and Mazur report that the high risk age groups are teenagers (13-17) and young adults (18-24). Rape affects all socio-economic groups. The more in number a particular ethnic group, the more will be the case of rape reported from that ethnic group or class. It is characteristic of the rapists to come from a lower socioeconomic background, which some experts believe to be characterized by physical aggression and sexuality or culturally sanctioned modes of proving ones masculinity and sense of identity that foster rape. (Foley et al 1983).

According to Foley et al, the rapists are usually Black, age range of 15-24, single of average intelligence and low socioeconomic status. This may also be due to the fact that poor people use public hospitals unlike their rich counter parts who use private medical facilities
were revealing such details to researchers may be difficult.

According to the drop in central statistics in Lusaka; September 1995-August 1996 out of 1,084 victims only 23 came with sexual abuse problems.

Like all violent crimes, most rapes take place in lower socioeconomic neighborhoods, and in the victims or the offenders residence. Because of social activity styles, adolescents are most likely to be raped. For example, many adolescent and young adults rape victims have been taken into the assailants confidence as an acceptance or at a social gathering. However, a study a Swaziland confirms that staying at home will not provide guarantee to the women against rape. Women are also raped in their own residences by men who claim to be friends or pose in such roles as repair men.

Because most social activities take place outside ordinary working hours and days it is not surprising that most rapes occur during the night. The night and weekend characteristic of rape is comparable to the evidence of other violent crimes.
The Zambian situation in relation to rape is no exception. This makes it very important to carry out further studies of rape victims because strategies mapped out in other countries cannot be directly applied in Lusaka or Zambia.

2.1 CONCEPTUAL FRAMEWORK

A conceptual framework represents a starting point for developing an analysis of the predisposing factors to rape in general and Lusaka Urban district in particular.

[Diagram of conceptual framework of rape]

Many other factors contribute to rape for example family upbringing, someone brought up in a home where he is
shown how to respect his sisters he is likely to be abusive to women later in life. This is likely in a home where the father openly favours boys to girls. All these factors put together plus the fact that one is going through a stage of psychological stress in his development socially, contributes greatly to crime in general and rape specifically.

The conceptual framework provides a broad guideline for assessing the chain of casual factors and the relationships between them. By distinguishing between the hierarchy of immediate, underlying and fundamental causes this serves to focus effort upon the key issues that need to be addressed.

The primary cause of rape is the rapist, "but there is no simple answer to this question, "Why do men rape?. Multiple influences determine the expression of sexually assaultive behavior.

Social level: At the societal level, rape can be a manifestation of gender inequality and mechanism for the subordination of women.

Sexist attitudes and values in conjunction with a general acceptance of violence, contribute to rape (Brown miller,
Rape supportive attitudes are socially acquired beliefs that function as releases and can increase the likelihood of sexually aggressive actions (Mahoney, Traw 1986).

Alcohol and drugs have been implicated frequently in sexual assaults. It is likely that alcohol may serve multiple functions as an inhibitor for the male as an excuse for the male after the fact, and as a strategy to reduce victim resistance (Richardson and Hammock, 1990).
CHAPTER THREE

3.0 METHODOLOGY

Aim: To study the reported rape cases in Lusaka Urban District with an object of looking at its frequency and distribution.

Setting: A study was conducted at Lusaka Central Police Station, the University Teaching Hospital and interviews conducted at YWCA and Victim Support Group.

Study Design: A retrospective cross sectional study was conducted. Police dockets and medical records at the UTH were considered to collect all descriptive data. Information from interviews was also included in the study.

Data collection: An attempt was made to collect all necessary demographic data, age, occupation, marital status, residential area of all rape victims. An effort was made to ensure that all dockets contained medical records to confirm rape. Investigations were also made to find out the extent of genital trauma from the files. It was also found necessary to differentiate falsification of these reports. Any file or case record which did not contain the above records was rejected.

Sample Size: A pilot study showed that one docket required a minimum of 40 minutes which would mean seven
dockets a day on 8 hour working day. This required a minimum of two weeks to consider 59 dockets assuming that there were 10 working days Saturday and Sunday being holidays. This part of study was concluded in the month of January 1998 the total of 8 weeks was devoted considering all the 300 medical records at the UTH. Out of the 359 medical records assessed only 300 fulfilled the criteria of selection.

**Analysis:** The data was analysed using EPI-info version 6.03. $X^2$ test of significance was used to arrive at appropriate P-values using the Yates, corrected test of $X^2$. 
RESULTS

Table I

AGE DISTRIBUTION OF RAPE CASES

n = 359

<table>
<thead>
<tr>
<th></th>
<th>RAPED</th>
<th>NOT RAPED</th>
<th>DOUBTFUL</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;12</td>
<td>51 (25.5%)</td>
<td>20 (28.1%)</td>
<td>25 (31.2%)</td>
</tr>
<tr>
<td>13-19</td>
<td>78 (39%)</td>
<td>25 (35.2%)</td>
<td>22 (27.5%)</td>
</tr>
<tr>
<td>&gt;20</td>
<td>49 (23.5%)</td>
<td>11 (15.7%)</td>
<td>20 (25.0%)</td>
</tr>
<tr>
<td>IM</td>
<td>28 (13%)</td>
<td>15 (21.0%)</td>
<td>15 (18.7%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>206</td>
<td>71</td>
<td>82</td>
</tr>
</tbody>
</table>

NOTE: IM means Information Missing.

Doubtful means that it was difficult for the examining doctor to conclude that rape had actually taken place.

Out of the 359 assessed records 206 were raped, 71 were not and 82 were doubtful. The age range of victims was 2 years to 74 years. The majority of these 221 (57.6%) being less than 20 years of age, the mean age was 19.2 years.

Out of 359 victims 58 (14.6%) had information on the age of the victim missing from the records.
AGE DISTRIBUTION OF VICTIMS
Table II

MARITAL STATUS OF VICTIMS

n = 359

<table>
<thead>
<tr>
<th></th>
<th>MARRIED</th>
<th>SINGLE</th>
<th>DIVORCED</th>
<th>I.M.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of subjects</td>
<td>96</td>
<td>143</td>
<td>13</td>
<td>107</td>
<td>359</td>
</tr>
<tr>
<td>Percentage</td>
<td>26.7</td>
<td>42</td>
<td>2.5</td>
<td>29.8</td>
<td>100</td>
</tr>
</tbody>
</table>

Out of 359 victims of rape 96 were married 143 were single and 13 divorced while 107 had information missing in their medical records.
Marital Status of Victims

- Married
- Single
- Divorce
- 107 Missing
Table III

TIME OF RAPE

\[ n = 359 \]

<table>
<thead>
<tr>
<th></th>
<th>06-09</th>
<th>10-13</th>
<th>14-17</th>
<th>18-21</th>
<th>22-01</th>
<th>02-05</th>
<th>359</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of subjects</td>
<td>11</td>
<td>3</td>
<td>30</td>
<td>142</td>
<td>85</td>
<td>71</td>
<td>359</td>
</tr>
<tr>
<td>Percentage</td>
<td>3.4</td>
<td>0.7</td>
<td>8.5</td>
<td>40.1</td>
<td>23.5</td>
<td>20.3</td>
<td>100</td>
</tr>
</tbody>
</table>

142, 40.1% of the victims were attacked between 18 and 21 hours. This is the majority of the victims. They were followed by 85, 23.5% were attacked between 22 and 01 hours. Thirdly 71, 20.3% were attacked between 02 and 05 hours.

Table IV

RELATION OF ACCUSED AND VICTIM

\[ n = 359 \]

<table>
<thead>
<tr>
<th></th>
<th>CASES</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stranger</td>
<td>267</td>
<td>74.6</td>
</tr>
<tr>
<td>Known assailant</td>
<td>92</td>
<td>25.4</td>
</tr>
<tr>
<td>Total</td>
<td>359</td>
<td>100</td>
</tr>
</tbody>
</table>

Most victims were raped by strangers 267 (74.6%). Unlike 92 (25.4%) who were raped by known assailants.
Table V

OCCUPATION OF VICTIMS

n = 359

<table>
<thead>
<tr>
<th>OCCUPATION</th>
<th>NO. OF SUBJECTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>House wife</td>
<td>72</td>
<td>20</td>
</tr>
<tr>
<td>Student</td>
<td>37</td>
<td>10</td>
</tr>
<tr>
<td>Unemployed</td>
<td>65</td>
<td>18.6</td>
</tr>
<tr>
<td>Marketeers</td>
<td>61</td>
<td>16.9</td>
</tr>
<tr>
<td>Hair dresser</td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td>Maids</td>
<td>7</td>
<td>3.0</td>
</tr>
<tr>
<td>Teachers</td>
<td>8</td>
<td>1.6</td>
</tr>
<tr>
<td>General workers</td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td>Information</td>
<td>90</td>
<td>25.4</td>
</tr>
<tr>
<td>missing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The occupation of victims varied from House wives 72 (20%), unemployed 65 (18.6%), marketeers 61 (16.9%) followed by students 37 (10.0%).
Table VI

**AGE RANGE OF RAPISTS**

\( n = 112 \)

<table>
<thead>
<tr>
<th></th>
<th>&lt;20</th>
<th>21-30</th>
<th>31-40</th>
<th>&gt;41</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of subjects</td>
<td>41</td>
<td>44</td>
<td>18</td>
<td>9</td>
<td>112</td>
</tr>
<tr>
<td>Percentage</td>
<td>36.5</td>
<td>39.8</td>
<td>15.7</td>
<td>3.3</td>
<td>100</td>
</tr>
</tbody>
</table>

Out of 239 record assessed only 112 had information pertaining to age of the rapist. 44 (39.8%) were in the age group 21-30, 41 (36.5%) were in the age group less than 20. Only 9 (3.3%) were more than 41 years of age.
Table VII

RESIDENTIAL AREAS OF VICTIMS

n = 110

<table>
<thead>
<tr>
<th></th>
<th>HIGH</th>
<th>MEDIUM</th>
<th>LOW</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of subjects</td>
<td>46</td>
<td>35</td>
<td>19</td>
<td>110</td>
</tr>
<tr>
<td>Percentage</td>
<td>50.6</td>
<td>38.5</td>
<td>22</td>
<td>100</td>
</tr>
</tbody>
</table>

The residential areas were classified as high, medium and low, i.e. Kanyama, Chilenje and Ibex Hills. Out of 239 assessed only 110 had information on residential area of the victim. 46 (50.6%) came from high residential areas, 35 (38.5%) from medium and 19 (22%) from low residential areas.
### Table VIII

**DISTRIBUTION OF GENITAL INJURIES AMONG RAPE VICTIMS**

n = 121

<table>
<thead>
<tr>
<th>Age</th>
<th>NO. OF SUBJECTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;13</td>
<td>50</td>
<td>41.6</td>
</tr>
<tr>
<td>13-19</td>
<td>22</td>
<td>20</td>
</tr>
<tr>
<td>&gt;20</td>
<td>14</td>
<td>10.1</td>
</tr>
<tr>
<td>IM</td>
<td>35</td>
<td>28.4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>121</td>
<td>100</td>
</tr>
</tbody>
</table>

Out of 359 assessed cases 129 had evidence of genital injuries and these were distributed by age as follows. Below 13 years 50 (41.6%) between 13 and 19 years of age were 22 (20%) and adults 14 (10%), were as 35 (28.4%) had information missing.
CHAPTER FOUR

DISCUSSION

The observation showed that Central Police Station had files since 1964. Unfortunately these piled in one of the most irregular fashion. It was very difficult to separate these to conclude an annual incidence and prevalence of Rape. Again preservation of these was so bad that extraction of information from them was literally impossible. After a very systematic search 59 files were selected which contained the totality of information about Rape. This was possible in about 45 days after rejecting nearly 3000 police dockets.

Despite the popular myth that rape happens to the young, it actually happen to people of all age groups. (Table 1). Out of 359 cases seen at the UTH, 206 were definitely raped, 71 were not and 82 were doubtful. Doubtful cases means that the examining doctor could not say rape had taken place or not. The majority of the victims were below 20 years of age, 129. 45 out of 71 of the not raped victims were below 20 years of age. In a study carried out in Swaziland the youngest victim was 2 months old and the oldest 90 years. In this study the
years range from 3 years to 74 years of age. Bart and others et al in "Stopping Rape" report that most of the rape victims were adolescents. The findings of this study agree with the statement. The explanation for this could be due to the fact that single unmarried females usually stay alone and have a kind of life style of exit from house and work that can allow a rapist to plan his attack. Most of the crimes take place under the cover of darkness in this study most cases took place between 18 and 21 hours. (Table 3): Because of the nature of the crime it is very difficult to pin point the exact time of rape. Out of 359 victims 142 were raped between 18 and 21 hours. Koss and Harvey (in rape victims clinical and community interventions) reveal that children unlike adults are raped by people known to them. In this study 267 out of 359 cases were raped by strangers. Since most of the rape victims were adolescents it is likely that strangers usually attack adult victims. (table 4).

The occupation of victims of rape was varied i.e. house wives, students, marketeers, maids and teachers (Table 5). An increase in the number of victims from lower social classes can be explained by the fact that they use public health facilities where information may be easily accessible unlike private hospitals used by the rich.
The majority of rapists were young men between the ages of 21 and 30 (Table 6). This is not surprising in that the hormonal changes are taking place in the bodies of these young men and they are also trying to establish themselves as "independent men" with little or no financial resources. If this is not achieved it could lead to frustration alcohol and substance abuse which may make someone come up with irrational judgements like rape.

The victims of rape are mostly from high residential areas (Table 7, Fig 7). The high density residential areas not only have bigger populations but they also have high levels of unemployment, lack of social amenities, poorly policed and have more women and girls selling merchandise by the road side to help support the family.

The risk of sustaining injuries was found to be directly related to previous coital experience (Table 8). As expected children had the highest percentage of genital injuries. The information obtained did demonstrate remarkably that rape is becoming an increasingly common crime and even more worried is its effect in the transmission of HIV/AIDS. It is also evident from the above that the rapists in Lusaka is an opportunist who looks for easy prey without resistance. According to
Zambian tradition, a woman is supposed to be mild, docile, free of resistance. This is true in Zambia because it is a male dominated society were a woman has no major say. It is known that resistance during forceful sexual activity causes more injury, perhaps this is one of the reasons, were verdict was given for 71 women who were considered not raped and 82 doubtful cases. According to police and medical reports (Table I). All these women were supposed to have been raped but unfortunately, if the story is true and the law gave correct judgements 72 reported raped and 82 doubtful. Who can say of the repercussions these individuals went through during rape, the hospitals and in court. It is said, a man can resurrect himself in society even if his character is assassinated a thousand times, however this is not true for our female counterparts, any doubt on a woman’s character has always been a cause of concern in any society. Therefore rape in a woman’s life is one of the most injurious event. Any other ordeal can be forgotten but not rape. KSB.
CHAPTER FIVE

RECOMMENDATIONS

The Following recommendations have been arrived at with the view of reducing the incidence of rape in Lusaka Urban district.

1. Networking between conscious groups like Young Women Christian Association, Legal aid and the police, specially trained to deal with such cases. Preferably if women could be trained would make it much easier for victims to discuss freely.

2. Rape cases should be held in camera

3. Counseling must be provided to all rape victims so that they can cope with the stress of life.

4. Police patrols to be intensified between 18 and 21 hours as this is the time when most crime is committed.

5. Rape avoidance techniques to be taught to pupils in high schools.

6. Stiffer penalties to be handed out to offenders as a deterrent to would be rapists.

7. Women to avoid walking alone at night especially if under the influence of alcohol.
CONCLUSION

The findings of the study are comparable to others carried out in Europe and Africa. This study has revealed that most of rape victims were adolescents or young adults between the ages of 14 and 20 and followed by those less than 31 years. People in this age group are normally single or still living with their parents, and according to our study 42.4 percent of rape victims were single at the time of the attack.

Children as expected suffer most of the genital injuries because of lack of previous coital experience. The diagnosis of rape in a parous woman with no signs of physical resistance can be a difficult task for the examining physician. This is so especially where other materials like semen are missing from the victim's body.

Some studies indicate that women are raped by strangers whereas children and teenagers are raped by people they know. Our results were contrary to this and revealed that most teenagers are raped by strangers.

The occupation of victims has little effect on rape. A Mahdi on statistical trends of rape on the Copperbelt (1992) revealed that about half of rape cases do not reach the courts.
An increase in the number of rape cases poses a threat in the fight against HIV/AIDS. This is so in the view of high prevalence of HIV among adolescent girls who are also the major victims of emotional trauma on the victim may have long lasting effect and such patients need assistance by counseling.
REFERENCE


**WORK PLAN 1998**

<table>
<thead>
<tr>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot study</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Analysis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Binding and Dissemination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of results</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITEM</td>
<td>UNIT COST</td>
<td>QUANTITY</td>
<td>AMOUNT</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------</td>
<td>----------</td>
<td>------------</td>
</tr>
<tr>
<td>Photocopying paper</td>
<td>12,000.00</td>
<td>4 Reams</td>
<td>48,000.00</td>
</tr>
<tr>
<td>Typing Paper</td>
<td>10,000.00</td>
<td>4 Reams</td>
<td>40,000.00</td>
</tr>
<tr>
<td>Printing Paper</td>
<td>12,000.00</td>
<td>4 Reams</td>
<td>48,000.00</td>
</tr>
<tr>
<td>Duplicating Paper</td>
<td>12,000.00</td>
<td>4 Reams</td>
<td>48,000.00</td>
</tr>
<tr>
<td>Blue Pens</td>
<td>200.00</td>
<td>10</td>
<td>2,000.00</td>
</tr>
<tr>
<td>Pencils</td>
<td>100.00</td>
<td>20</td>
<td>2,000.00</td>
</tr>
<tr>
<td>Erasers</td>
<td>200.00</td>
<td>10</td>
<td>2,000.00</td>
</tr>
<tr>
<td>Secretarial Services</td>
<td>1,000.00</td>
<td>120 Pages</td>
<td>120,000.00</td>
</tr>
<tr>
<td>Photocopying Services for Research Protocol</td>
<td>100.00</td>
<td>100X20X15</td>
<td>45,000.00</td>
</tr>
<tr>
<td>Photocopying for final report</td>
<td>150.00</td>
<td>100X20X15</td>
<td>180,000.00</td>
</tr>
<tr>
<td>Building of documents</td>
<td>10,000</td>
<td>10,000 X 10 copies</td>
<td>100,000.00</td>
</tr>
<tr>
<td>Consultancy Services</td>
<td>50,000</td>
<td>50 X 1</td>
<td>50,000.00</td>
</tr>
<tr>
<td>Data Entry/Analysis</td>
<td>200</td>
<td>200X1</td>
<td>200,000.00</td>
</tr>
<tr>
<td>Lunch allowance for Research Assistant</td>
<td>10,000</td>
<td>10 day X 10,000</td>
<td>400,000.00</td>
</tr>
<tr>
<td>Lunch Allowance for Principal Researcher</td>
<td>10,000</td>
<td>10 day X 10,000</td>
<td>400,000.00</td>
</tr>
<tr>
<td>Travel costs in Lusaka</td>
<td>7,000</td>
<td>10 days X 7 X 2 trips</td>
<td>140,000.00</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td>K1,874,000.00</td>
</tr>
</tbody>
</table>
Dear Madam/Sir,

Dr Dickson Suya Mwimanenwa from the School of Medicine, Department of Public Health will be carrying out a research on rape and attempted rape as a public health problem in Lusaka Urban district.

The researcher believes the information will help combat rape and also provide literature on the subject.

As such simple questions asking you about your personal details. The questions should not last more than twenty minutes.

You have the right to withdraw or refuse to participate in the study before questions are asked of you, or even during the time questions are being asked.

Your name will not appear any where and any information about your case will be treated in the strictest confidence and will not be able to be linked to you

Name: __________________________ Date: __________________________

47
UNIVERSITY OF ZAMBIA

DEPARTMENT OF COMMUNITY MEDICINE

MEDICAL CHECKLIST ON VICTIM

Researcher: Dr Suya
Date:

Supervisor Dr K.S. Baboo
Study No:

1. Time of examination __________________________
2. Time of alleged rape __________________________
3. Condition of patient
   1. Sober □
   2. Confused □
   3. Psychologic shock □
4. Condition of clothes
   1. Torn □
   2. Soiled □
   3. Bloody □
5. Details about course of events.
6. Underwear examined for sperm spots
   1. Yes □
   2. No □
7. Blood for HIV and RPR
8. Examine posternior rault of vagina for sperm
   1. Yes □
   2. No □
9. Presence of signs of resistance
   1. Hematoma
   2. Scratches
   3. Injuries
Reseacher: Dr Suya

Date:

Supervisor: Dr K.S. Baboo

Study No:

Note: The information collected in this exercise will be confidential.

Instructions: Please tick against appropriate answer i.e

1. Age ___________ (years)

2. Marital Status
   1. Single
   2. Married
   3. Divorce
   4. Widow

3. Occupation ___________

4. Time when crime was committed

5. Time when crime was reported to Police

6. Police station or Police Post reported to:
   1. Chawama
   2. Avondale
   3. Kanyama
   4. City Centre
   5. Matero
   6. Makeni
   7. Misisi
8. Central Police

7. Relationship with assailant (rapist)
   1. Stranger
   2. Someone known

8. Resistance strategy
   1. No resistance
   2. Fleeing
   3. Forceful verbal
   4. Non forceful verbal

9. Scene of crime
   1. House
   2. Outside

10. Have you been raped before
    1. Yes
    2. No
Dr Dickson Suya is a University of Zambia School of Medicine Student pursuing a Masters of Public Health Degree in need of information referred to above.

Command has approved his request to obtain the information as per the attached photostat copy. However, the nature and details of information requested can only be obtained at Divisional level and hence my writing your good office to assist him. Lusaka Central Police Station or any other Police Station of your choice would do to supply him the needed data.

You may wish to advise

S.A.M. Lungu
Service Public Relation Officer
for Inspector General of Police

[Date] August 1997
PRD/101/211
5th August 1997

The Permanent Secretary
Ministry of Health
LUSAKA

REQUEST TO GET INFORMATION ON SEXUAL ASSAULT FROM UNIVERSITY TEACHING HOSPITAL

Dear Sir

I am requesting for permission to get information on Sexual assault prevellence in Lusaka District.

I need the information for my Masters Public Health Dissertation. The protocol should be handed in before the end of August.

DR. SUUYA

To whom it may concern

Authority granted.

5th Aug 1997

[Stamp]

Dr. Suya
UTII
School of Community Medicine
LUSAKA
Dr Dickson Suya is a University of Zambia School of Medicine Student pursuing a Masters of Public Health Degree in need of information referred to above.

Command has approved his request to obtain the information as per the attached photostat copy. However, the nature and details of information requested can only be obtained at Division/station level and hence i am writing your good office to assist him.

Lusaka Central Police Station or any other Police Station of your choice would do to supply him the needed data.

You may wish to advise

[Signature]

A.M. Lungu

SERVICE PUBLIC RELATION OFFICER
INSPECTOR GENERAL OF POLICE

20th August 1997

ZPRD/101/211